

# Request for Tax Clearance Certificate — Exempt Organizations

CALIFORNIA FORM

**3555A**

Corporation Name		California Identification Number	
Current Address	Phone Number (    )	Federal Employer Identification Number	
Date operations commenced in California:	Date operations ceased or will cease in California:	Latest tax year for which a California return was filed:	Date filed:

We will issue a Tax Clearance Certificate when all taxes are paid or secured. If you have not yet filed a final return, you must file one.

## Notes

1. All public benefit corporations, all religious corporations, and those mutual benefit corporations holding charitable assets in trust must also obtain a *Dissolution Waiver of Notice* from the California Attorney General in order to complete dissolution. For guidance in requesting the waiver, refer to the Attorney General's publication *General Guide for Dissolving a California Nonprofit Corporation* (CT-603). You may view and download the publication on the Attorney General's Website at **[www.ag.ca.gov/charities](http://www.ag.ca.gov/charities)**.
2. Until the applicable statutes of limitation expire, we may audit your returns and impose additional tax, if warranted, even though we issued a Tax Clearance Certificate.

Please indicate the status of **any** IRS activity:

Has the IRS changed the corporation's income tax liability or issued a ruling as to federal income tax exemption for any years that you have not reported to us?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, send us a copy of the Revenue Agent's Report.</b>	Is the IRS or the FTB currently examining the corporation or has either notified the corporation of a pending examination?  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, indicate the years involved:</b> Current Examination: _____ Pending Examination: _____
--	--

**Supplemental information.** Please furnish the following information if another corporation will continue to conduct the business in California after the merger of the original corporation.

Name of Transferee		California Identification Number of Transferee
Current Address	Phone Number (    )	Federal Employer Identification Number
Date Assets Transferred to Transferee	Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets:	

If we are to mail the Tax Clearance Certificate to someone other than the corporation listed above, please complete the following: (*We will send a copy of the Tax Clearance Certificate to the Secretary of State.*)

Name	
Address	
	Phone Number (    )

Mail completed form to:

**DOCUMENT FILING SUPPORT UNIT  
SECRETARY OF STATE – BUSINESS FILINGS  
1500 11TH STREET  
SACRAMENTO CA 95814-5701**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4171.

**Assistance for persons with disabilities:** We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.